TRICARE
Your Military Health Plan

TRICARE Prime Remote and

TRICARE Prime Remote for Active Duty Family Members

(TPR and TPRADFM)

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Eligibility for TPR

- Active duty service member (ADSM)
- Reserve Component member on active duty orders for more than 30 consecutive days
- Information in the Defense Enrollment Eligibility Reporting System (DEERS) must be accurate
- Must live and work more than 50 miles (or an hour's drive time) from a military treatment facility (MTF)

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TPRADFM Eligibility—Active Duty Family Members

- Must reside with your TPR-enrolled sponsor
- DEERS information must be accurate
  - DEERS address information determines residency
- Remain eligible even if sponsor receives unaccompanied permanent change of station (PCS) orders
  - Must continue to reside in TPRADFM location where you originally enrolled

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TPRADFM Eligibility—Reserve Component Family Members

- Sponsor must be on active duty orders activated for more than 30 consecutive days
- Must reside with sponsor (within a TPR-designated ZIP code) upon activation or effective date of orders
  - Reserve Component sponsor is not required to be eligible for, or enrolled in, TPR
  - Remain eligible regardless of any changes in the sponsor's duty location
- DEERS information must be accurate

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Verifying TPR/TPRADFM Eligibility

- Visit *www.tricare.osd.mil/tpr* and type in residential and sponsor's work ZIP codes
- Call your regional contractor's customer service line
- If you live less than 50 miles from an MTF you can request a waiver
  - If you believe geographic boundaries cause you to drive more than one hour to access an MTF
  - Waiver requests must be directed through your unit commander to the TRICARE Regional Director in your area

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TPR/TPRADFM Enrollment

- For eligible ADSMs and RC members, enrollment in TPR is mandatory when living within a TPR-designated ZIP code
- Eligible family members may enroll in TPRADFM or elect to use TRICARE Extra or TRICARE Standard
- Complete and submit an enrollment application to your regional contractor
- For an enrollment application:
  - Download from *www.tricare.osd.mil/tpr*
  - Call your regional contractor

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TPR/TPRADFM Costs

- No enrollment fees
- No deductibles
- No cost-shares, except:
  - When filling prescriptions through the TRICARE Mail Order Pharmacy, the TRICARE Retail Pharmacy Network, or non-network pharmacies
  - For costs associated with the Program for Persons with Disabilities (if enrolled)

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Getting Care

TRICARE Network Providers

- Network established by regional contractors
- Will file claim for TRICARE beneficiary
- Accepts negotiated rates as payment in full for services rendered
- May not be available in all TPR locations
  - Will be able to seek care from any TRICARE-authorized provider when network providers are unavailable (enrollment still required)

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Choosing a Primary Care Manager

- Choose a primary care manager (PCM) at the time of enrollment
- To obtain provider information
  - Visit regional contractor's Web site
  - Call regional contractor's customer service line
  - *www.tricare.osd.mil/ProviderDirectory*
- If you do not choose a PCM at the time you enroll, one will be assigned to you
- You may request a change in PCM at any time if more than one provider is available in your area
- Your PCM will obtain a referral for necessary specialty care

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Service Point of Contact (SPOC)

- DoD members
  - Call Military Medical Support Office (MMSO) at 1-888-MHS-MMSO (1-888-647-6676)
- Coast Guard members
  - Call Military Medical Support Office (MMSO) at 1-888-MHS-MMSO (1-888-647-6676)
  - Can also call 1-800-9HBA-HBA (1-800-942-2422)
- United States Public Health Service (USPHS) and National Oceanic and Atmospheric Administration (NOAA) members
  - Call Beneficiary Medical Program SPOC at 1-800-368-2777, option 2

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Emergency Care

- Call 911 or go to the nearest emergency room (whether military or civilian)
- Contact your regional contractor and your PCM within 24 hours or as soon as possible after receiving emergency care
- Active duty service members should contact service point of contact as soon as possible

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Urgent Care

- Nonemergency illness or injury for which you need medically necessary treatment.
  - It will not result in disability or death if it is not treated immediately
- *Does* require professional attention and should be treated within 24 hours to avoid further complications
- You must contact your PCM whenever you require nonemergency care
  - The PCM either will provide the needed care or refer you to a specialist

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Routine Medical Care

- Visits to your PCM or provider for treatment of symptomatic, chronic, or acute illnesses or diseases
  - Common immunizations
  - Well-child care
  - Routine hearing exams
  - Screenings (mammograms, pap smears, and prostate exams)
- For Fitness-for-Duty requirements, active duty service members need prior authorization for pregnancy (maternity) care, physical therapy, mental health services, family counseling, and smoking cessation programs

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Health Care While Away From Home

- You are covered for urgent and emergency care while on the road—whether on personal travel or while en route to a new assignment or on temporary duty assignment
- Routine medical and dental care while in a travel or leave status is not authorized
- For additional information contact:
  - Your PCM or provider
  - Regional contractor (24 hours/7 days a week)
  - SPOC

Inpatient/Outpatient Services

- ADFMs have prior authorization requirements for inpatient and certain outpatient services
- Visit your regional contractor's Web site or refer to the *TRICARE Beneficiary Handbook* for a list of services that require prior authorization
- Call your regional contractor for authorization prior to obtaining medical care or treatment that requires a prior authorization

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Specialty Care—ADSMs

Before obtaining specialty care:

- Your PCM must obtain a prior authorization from your regional contractor
  - If you do not have a PCM, you or your provider must contact the regional contractor for prior authorization
- Specialty care requests are referred to your SPOC from your regional contractor
- Your SPOC reviews all specialty care requests for a “Fitness-for-Duty” determination

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SPOC Fitness-for-Duty Review

- If no impact on your Fitness-for-Duty status
  - Referred to civilian specialist for the care
- If your condition may change your Fitness-for-Duty or requires a medical board
  - Referred to the closest military treatment facility
- SPOC replies to the regional contractor within two working days of a request, or sooner, for an urgent problem
- You may always choose to obtain your specialty care in an MTF if that is your preference **and** your commander concurs

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Specialty Care—ADFMs

- PCM obtains referral from regional contractor
  - If you do not have a PCM, your provider must contact regional contractor for assistance in obtaining the referral
- Regional contractor assists in choosing a provider for specialty care
- You must obtain required prior authorization for certain services

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Point-Of-Service (POS) Option

- Does not apply to ADSMs
- Active duty family members who obtain nonemergency care without contacting their PCM/regional contractor are responsible for POS charges
  - Outpatient deductibles ($300 individual and $600 family)
  - 50% cost-share, even after the catastrophic cap has been met
  - Excess charges up to 15% over the allowed amount

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Reimbursement of Certain Travel Expenses

- You may be entitled to reimbursement of reasonable travel expenses if you are referred to specialty care more than 100 miles from your PCM or provider location
- Contact your TRICARE Regional Office to verify your eligibility for the travel benefit
- Outside the 48 contiguous states, there is a different travel entitlement
  - Contact your unit's administration office for more information

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Behavioral Health—ADSM

- ADSMs must get prior authorization from SPOC before seeking care from a civilian behavioral health care provider
- We do not want to discourage you from seeing a behavioral health specialist, but we want to make sure that your condition does not adversely affect your ‘being fit for duty’
- Encouraged to use TRICARE Network Providers

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Behavioral Health—ADFM

- May obtain the first eight outpatient visits without a referral
  - Appointments thereafter require authorization from your regional contractor
- Inpatient care always requires prior authorization
- For prior authorization, contact your regional contractor
- Contact your regional contractor for more information

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TRICARE Pharmacy Program

MTF Pharmacy
TRICARE Mail Order Pharmacy
TRICARE Retail Network Pharmacy
Non-network Retail Pharmacy

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MTF Pharmacies

- Prescriptions may be filled at an MTF pharmacy at no charge (least costly to patient and DoD)
- If medication is in stock, it will be filled but best to call ahead
  - Up to 30-day supply for controlled substances
  - Up to 90-day supply for all other medications
- MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider

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TRICARE Mail Order Pharmacy

- Convenient home delivery (FPO or APO for overseas locations)
  - Low Cost
    - Generic medication—$3 for up to a 90-day supply
    - Brand name medication—$9 for up to a 90-day supply
    - Non-formulary medication—$22 for up to a 90-day supply
    - Note: Up to a 30-day supply for controlled substances
  - Free Shipping and Handling
  - For more information:
    - Visit *www.express-scripts.com/TRICARE*
    - 1-866-DoD-TMOP (1-866-363-8667)
- No cost to active duty service members

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TRICARE Retail Pharmacy Network

- No claims to file
- Generic medication—$3 for up to a 30-day supply
- Brand name medication—$9 for up to a 30-day supply
- Non-formulary medication—$22 for up to a 30-day supply
- For more information or to locate a retail network pharmacy near you:
  - Visit *www.tricare.osd.mil/pharmacy*
  - Call 1-866-DoD-TRRx (1-866-363-8779)

Note: A 90-day supply from the TRICARE Retail Pharmacy Network requires three cost-shares to be paid

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Non-Network Pharmacies

- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime POS option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement

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Dental Care—ADSM

- Tri-Service Remote Dental Program (RDP)
- TPR-enrolled ADSM automatically eligible for the Tri-Service RDP
- Choose any licensed dentist in your area
- Visit *http://mmso.med.navy.mil* for benefit and program information

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RDP—Routine Dental Care for ADSMs

- No pre-authorization as long as treatment meets all of these requirements:
  - Routine care includes diagnostic (exams and X-rays), preventive (cleanings), routine restorations (amalgam or composite fillings), and single tooth extractions
  - Individual procedure cost and total cost of treatment for that day must be less than $500
- The total cost of treatment for the year must be less than $1,500 per calendar year
- The procedures must be covered benefits

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RDP—Specialty Dental Care for ADSMs

- Specialty care and requires pre-authorization
  - Extensive routine care
  - All specialty care (prosthodontics, periodontics, multiple extractions, or other oral surgery)
  - Other dental treatment not considered emergency or routine care as defined in the previous sections is considered
- Initiating specialty care without written pre-authorization from MMSO may result in the service member being responsible for part or all of the cost of treatment
- Refer to the MMSO Web site for more information or call 1-888-MHS-MMSO or (1-888-647-6676)

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RDP Contact Information

- DoD Members
  - 1-888-MHS-MMSO (1-888-647-6676)
- Coast Guard
  - 1-800-9HBA-HBA (1-800-942-2422)
- USPHS/NOAA
  - Contact the Beneficiary Medical Program office at 1-800-368-2777, option 2

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Dental Care—ADFMs

- TRICARE Dental Program (TDP)
- Voluntary dental program administered by United Concordia Companies, Inc. (UCCI)
- Available to all active duty family members
- For more information:
  - Call 1-800-866-8499
  - Visit *www.ucci.com*

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Maintaining Your Records

Medical Records

- Maintain medical documentation, records, and health care history information from health care providers for reference
- ADSMs should sign annual medical release forms with their PCM or provider
- Upon reassignment, the PCM should forward medical records within 30 days of the request
- ADSMs should ensure copies of all civilian medical records are included in their Military Medical records
- Prior to PCSing or retiring, ADSMs can request a copy of their civilian records (should allow at least 30 days)

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Filing Your Own Medical Claims

- Send a completed DD Form 2642, *Patient's Request for Medical Payment,* along with an itemized medical bill and evidence that you've paid the bill in full to your regional contractor
- To obtain a claim form:
  - Visit *www.tricare.osd.mil/claims*
  - Contact your regional contractor

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Explanation of Benefits (EOB)

- Important statement sent to you showing what action has been taken on your TRICARE claims
- EOBs are sent to you for your information and files—they are not bills
- After reviewing the EOB, you have the right to appeal certain decisions regarding your claims, but you must do so in writing within 90 days

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TRICARE North Region
TRICARE South Region
TRICARE West Region
National Resources

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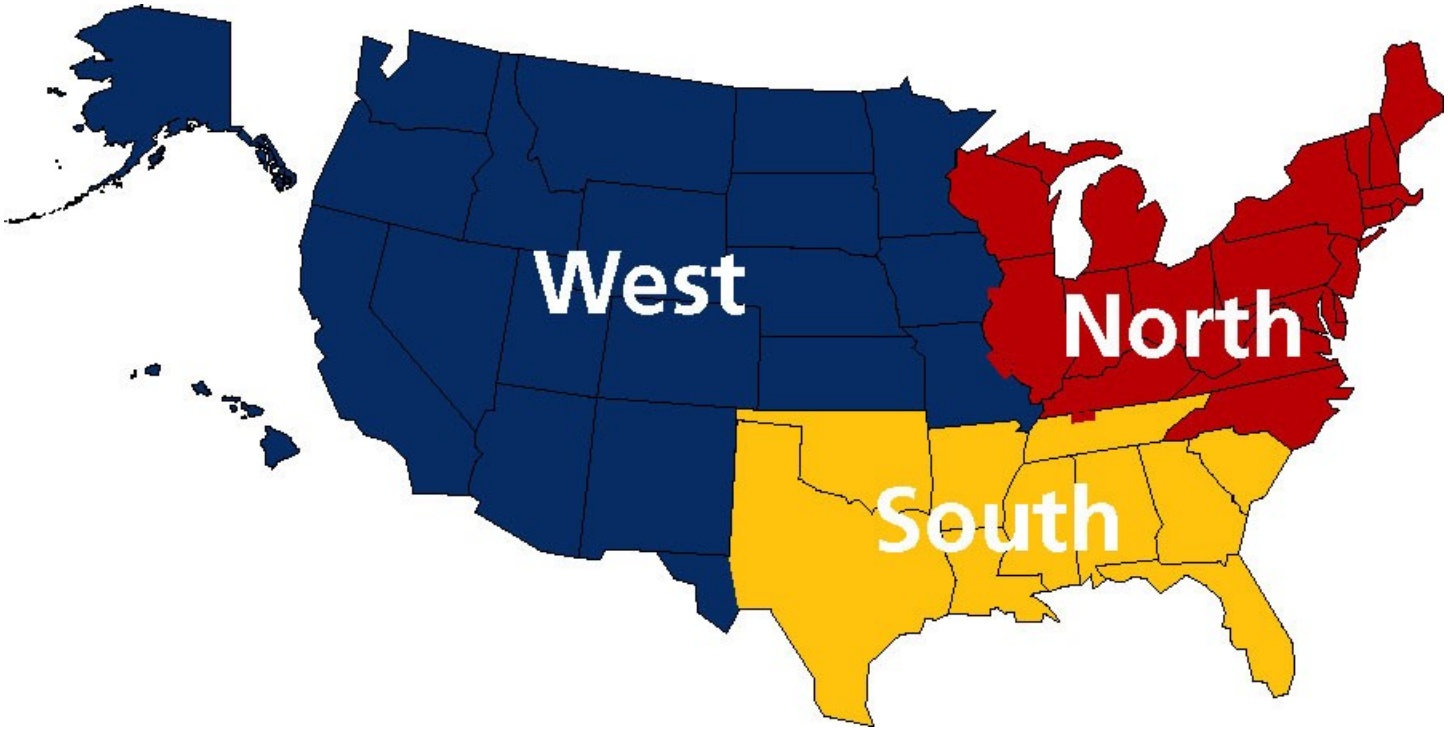
TRICARE Regions



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TRICARE North Region

- Health Net Federal Services, Inc.
  - *www.healthnetfederalservices.com*
  - 1-877-TRICARE (1-877-874-2273)
- Check Claims Status
  - 1-877-TRICARE (1-877-874-2273)
- Claims Address
  - Health Net Federal Services, Inc.
    c/o PGBA, LLC/TRICARE
    PO Box 870140
    Surfside Beach, SC 29587-9740
- TRICARE Regional Office – North
  - *www.tricare.osd.mil/north*
  - 1-866-307-9749

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TRICARE South Region

- Humana Military Healthcare Services, Inc.
  - 1-800-444-5445
  - *www.humana-military.com*
- Check Claims Status
  - 1-800-403-3950
- Claims Address
  - TRICARE South Region
    Claims Department
    P.O. Box 7031
    Camden, SC 29020-7031
- TRICARE Regional Office – South
  - *www.tricare.osd.mil/south*
  - 1-800-544-2397

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TRICARE West Region

- TriWest Healthcare Alliance
  - 1-888-TRIWEST (1-888-874-9378)
  - *www.triwest.com*
- Check Claims Status
  - 1-888-TRIWEST (1-888-874-9378)
- Claims Address
  - West Region Claims
    P.O. Box 77028
    Madison, WI 53707-7028
- TRICARE Regional Office – West
  - *www.tricare.osd.mil/west*
  - 1-888-874-9378

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TRICARE National Web Site Resources

- TRICARE

  www.tricare.osd.mil
- TRICARE Prime Remote
  - *www.tricare.osd.mil/tpr*
- MMSO
  - *http://mmso.med.navy.mil*
- TRICARE Online
  - *www.tricareonline.com*

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Thank You!

- TRICARE offers a comprehensive health benefit for our beneficiaries
- From preventive health services to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our beneficiaries

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TRICARE Product Feedback

Please provide feedback on this presentation at:

http://www.tricare.osd.mil/evaluations/presentations

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Back Up Slides

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Types of Non-Network Providers

- ***Participating TRICARE Providers*** agree to accept TRICARE reimbursement rates as payment in full
  - They submit your claims for the services you have received
- ***Nonparticipating TRICARE Providers*** do not agree to accept the TRICARE reimbursement rates as payment in full for their services
  - You may be billed for more than the TRICARE reimbursement rates
  - The law limits payment to these providers to 15% above the TRICARE allowable charges. You may be required to submit claims to TRICARE when you use a nonparticipating provider

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DEERS

- Defense Enrollment Eligibility Reporting System (DEERS)
- Active and retired service members (sponsors) are automatically registered in DEERS
- Sponsors must register family members in the DEERS database
- Uniformed Services Identification Cards

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Changes in Status

- Activation, reenlistment, separation from active duty, or retirement
- Change of address
- Marriage or divorce
- Birth or adoption of a child
- Full-time student age 21 and older
- Death of spouse or child
- Address changes for spouse or children

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Updating DEERS Information

- Visit an ID card issuing facility; locate one near you at *www.dmdc.osd.mil/rsl*
- Call: 1-800-538-9552
- Mail changes to:

  Defense Manpower Data Center Support Office

  Attn: COA

  400 Gigling Road

  Seaside, CA 93955-6771
- Make address changes online at: *www.tricare.osd.mil/DEERSAddress*

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Uniformed Services ID Card

- Must have a valid ID Card
- Registered in the DEERS database
- ID Card indicates whether eligible for military or civilian health care
- Children under 10 can normally use either parent's or guardian's ID card, but must be registered in DEERS
- Children under 10 should have an ID card of their own when in the custody of a parent who is not eligible for benefits
- Children age 10 and over must have their own ID card

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Patient Rights

- Getting information
- Choosing providers and plans
- Emergency care
- Participating in your treatment
- Respect and nondiscrimination
- Confidentiality of your health information
- Complaints and appeals

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Patient Responsibilities

- Maximize healthy habits
- Be involved in health care decisions
- Be knowledgeable about TRICARE coverage and program options
- Show respect for other patients and health care workers
- Make a good-faith effort to meet financial obligations
- Use the disputed claims process
- Report fraud and/or abuse

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HIPAA

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Protects the privacy of health care information from unauthorized disclosure and use
- Establishes basic patient rights regarding the use and disclosure of protected health information (PHI)
  - Paper—appointment books, sign-in sheets
  - Electronic—e-mails, prescriptions, faxes
  - Oral—telephone calls, appointments

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HIPAA Beneficiary Rights

- Receive a Military Health System notice of privacy practices regarding your PHI
- Request access to or obtain a copy of PHI
- Request amendment of PHI
- Request an accounting of disclosures of PHI
- Request a restriction on uses and disclosures of PHI
- File a complaint regarding privacy infractions

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Notice of Privacy Practices

- Informs you how PHI may be used or disclosed
- Describes safeguards in place
- Explains patient privacy rights
- Privacy officers located at every MTF
- For more info on HIPAA: *www.tricare.osd.mil/hipaa*
- E-mail questions to: *hipaamail@tma.osd.mil*

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Advance Directives

- Living will
- Allows an individual to participate indirectly in future medical care decisions even if they become decisionally incapacitated (unable to make informed decisions)
- Durable Power of Attorney for Health Care

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Maternity Care

- TRICARE helps pay for maternity care during pregnancy, delivery of the baby, and up to six weeks after the baby is born
- Parents have 120 days to enroll a newborn in DEERS and TRICARE Prime
- If TRICARE eligibility ends during the pregnancy, TRICARE does not cover any remaining maternity care, unless the family qualifies for the Transitional Assistance Management Program or has enrolled in the Continued Health Care Benefits Program

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Family-Centered Care

- Offers maternity services starting with the first obstetric visit and continuing after the birth of the child
- Respect for the emotional well-being, privacy, and personal preferences of the mother and family members
- Empowerment through honoring your family's personal and cultural beliefs
- Flexibility to welcome fathers, significant others, and siblings to be a part of your childbirth experience

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Family-Centered Care—MTFs

- Improved continuity of providers for prenatal care
- Careful, seamless coordination between facilities if you need to transfer
- Personalized pain management
- Individualized birth plans
- Improved access to first trimester appointments
- Private postpartum rooms
- Lactation education and support

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Maternity Health Care Choices

- Free to use any TRICARE-authorized provider—network or non-network if not enrolled in TRICARE Prime
- Families should consider costs and availability of civilian providers when deciding where to obtain maternity care

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Maternity Expenses for Users of TRICARE Standard and TRICARE Extra

- Prenatal care, labor and delivery, and postnatal care with a civilian provider—cost-shares will apply
- The amount of the cost-share varies based on the length of stay in the hospital and the medical needs of the mother and baby
- If a woman delivers early and has complications, the costs of her and her baby's care at a civilian facility could really add up in TRICARE Extra or TRICARE Standard cost-shares

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Generic Drug Use Policy

- Generic drugs will be substituted for brand names when available
- Must justify medical necessity for brand name to be dispensed
- If generic equivalent drug does not exist the brand name drug will be dispensed

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Drugs Requiring Prior Authorization

- Certain medications require prior authorization
  - Per DoD contracts, some drugs must be dispensed from MTF or mail order pharmacy
  - TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law
  - 1-877-DoD-MEDS (1-877-363-6337)
  - *www.tricare.osd.mil/pharmacy*

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Pharmacy Data Transaction Service

- Creates a global centralized data repository
- Reduces the likelihood of adverse drug-to- drug interactions, therapeutic overlaps, and duplicate treatments
- Conducts an online proactive clinical screening (drug interaction check)
- This is done before it is dispensed to the patient, unless prescription is filled in a non-network pharmacy

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RDP—Emergency Dental Care for ADSMs

- Emergency dental care does not need pre-authorization
- Includes any treatment necessary to:
  - Relieve pain
  - Treat infection
  - Control hemorrhage, or
  - Repair broken fillings—including placement of temporary or permanent fillings
- Crowns, bridges, and dentures <u>are not</u> considered emergency care and require pre-authorization

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Appeals—ADSM

- If specialty care is not approved, you can appeal—ask that the decision be looked at again
- Contact your SPOC who will assist you with filing an appeal
- Your PCM may forward additional information to support your request for specialty care
- If denied, you can appeal one more time to the Surgeon General or senior medical officer of your respective service

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Appeals—ADFM

- Family members who want to submit an appeal should see the instructions on the back of their explanation of benefits (EOB)
- Receive an EOB after submitted claim is processed or paid
- For additional help, call the regional contractor's customer service line

Transitional Assistance Management Program (TAMP)

- Provides health care coverage when you separate from the service
- Eligibility based upon circumstances of separation
- Coverage time based upon your accrued total active Federal military service time
  - Fewer than six years of active duty service—eligible for 60* days
  - Six years or more of active duty service—eligible for 120* days
- If you or your family are currently enrolled in TPR/TPRADFM, that enrollment becomes invalid upon your separation from active duty.

TAMP-eligible beneficiaries may be eligible for an extension of the TAMP benefit to 180 days. Visit www.tricare.osd.mil for more information.

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